



# Hospital Indemnity Insurance

## Hospital Indemnity Insurance Benefit Plan Summary

Benefits are payable upon a Covered Person experiencing a confinement or other loss to illness or injury in a covered facility, unless otherwise stated below. *(Benefit provisions may vary by state.)*

Benefit Plan Summary	
<b>HOSPITAL BENEFITS</b>	
<b>Admission Benefits*</b>	
<b>Hospital Admission</b>	
Payable on day 1 of confinement, payable once per confinement	\$1,000
Calendar Year Limit (times payable):	4
<b>Confinement Benefits*</b>	
<b>Daily Inpatient Hospital Confinement</b>	
Confinements payable day 2 when the admission benefit is applicable	\$100
Period of Confinement Limit (days):	30
<b>Intensive Care Unit Confinement</b>	
Confinements payable day 2 when the admission benefit is applicable	\$200
Period of Confinement Limit (days):	30
<b>Rehabilitation Facility Confinement</b>	
Confinements payable day 2 when the admission benefit is applicable	\$50
Period of Confinement Limit (days):	30
<b>Short Stay/Observation Unit</b>	
Payable for a stay that is 4 consecutive hours or more, other than as an inpatient stay.	
Benefit is not payable if admitted, as the admission/confinement would be payable instead.	
Calendar Year Limit (days):	\$100 5
<b>Newborn Confinement Benefits</b>	
<b>Newborn/Healthy Baby Confinement</b>	
Confinements payable day 2 when the admission benefit is applicable, payable due to birth.	\$100
Period of Confinement Limit (days):	3
<b>Hospital Admission</b>	
Included means the admission benefit is payable if newborn is confined to a NICU within 30 days of birth. Not	Not Included
Included means the admission benefit is not payable due to birth. Not applicable means the benefit is not	
selected as part of this plan design.	
<b>HEALTH SCREENING BENEFIT</b>	
<b>Health Screening Benefit</b>	\$50
payable once per calendar year per Covered Person	
<i>(see Definitions for eligible health screenings)</i>	

**\*Note:** For Admission benefits, the plan design assumes a benefit is payable for a confinement of a child in a neonatal intensive care unit if the confinement begins within 30 days after birth, the Intensive Care Unit Admission benefit will include this plan design element; however, when an Intensive Care Admission benefit is not included, the Hospital Admission benefit will include the plan design element. For Confinement benefits, the plan design assumes benefits may be payable for a confinement of a child in a neonatal intensive care unit if the confinement begins within 30 days after birth, the Intensive Care Unit Confinement benefit will include this plan design element; however, when an Intensive Care Unit Confinement benefit is not included, the Daily Inpatient Hospital Confinement benefit will include the plan design element.



# Hospital Indemnity Insurance

## Assumptions and Underwriting Considerations

- **Health Savings Account (HSA) Compatibility** - The NYL GBS proposed Hospital Indemnity plan design includes benefits within the offering that were developed with the intent to be permitted insurance, or permitted coverage, within the meaning of section 223 of the Internal Revenue Code. The law in this area, however, is not well developed; therefore, we recommend the Policyholder consult with their own tax or legal advisor for assistance, we cannot provide tax or legal advice.
- **Title VII Disclaimer**- At your request, this proposal includes product features that would treat pregnancy differently than other conditions. New York Life makes no representations that these features comply with Title VII of the Civil Rights Act of 1964, as amended by the Pregnancy Discrimination Act. We recommend you discuss your obligations under these laws with your attorney; New York Life cannot provide legal advice.
- **Value Added Services - Health Care Support** - Trained Health care advocates and registered nurses who will partner with you to effectively navigate your health care plan and provide support for your health care questions and concerns.<sup>1</sup>
- **Enrollment**: Enrollment events include enrollment during the initial enrollment period, during the annual group enrollment period, new hires or for life status change events. Late entrants are not allowed, but may enroll during the next annual enrollment period or life status change event.
- **This is not a contract**. This proposal outlines some of the important features of the proposed group insurance program. The controlling provisions will be in the group insurance policy, and this proposal is not intended in any way to modify the provisions or their meanings. If you decide to purchase the plan proposed here, we will send you a policy that fully describes all of the provisions of the Hospital Indemnity Insurance coverage to which you and New York Life Insurance and Annuity Corporation (New York Life) have agreed. To accept the terms of this proposal, you must notify New York Life Group Benefit Solutions of your acceptance by that date, and pay premium equal to the Total Basic Estimated Monthly Cost on the Schedule of Benefits Summary. This proposal may be withdrawn by NYL GBS at any time before acceptance.
- **Policy on Rate Changes**. The rates and fees quoted within the proposal are based on information furnished to NYL GBS for the purposes of developing a proposal of group insurance. NYL GBS has assumed that the demographic and plan design information provided will be an accurate representation of your company at the time of implementation. Premium rates are guaranteed as noted in the product schedule of benefits. These rates and the guarantee assume that the number of eligible or insured employees does not change by more than 15% from the date of the census provided.
- **Policy on Contractual Language**. NYL GBS' contract language will be used without modification. NYL GBS will attempt to match the intent of disclosed policy provisions at the time of quote, but will not duplicate the existing policy language.
- **Producer Compensation**. The rate includes a commission payable on collected premiums in the amount outlined in the Features and Plan Provisions section. NYL GBS may have entered into, or may enter into, agreements with brokers, under which we compensate brokers for providing marketplace intelligence and other services intended to enhance the effectiveness of our business. NYL GBS may invite brokers to participate in events sponsored by us for the same purposes. Any compensation paid may be based on meeting targets for new business production and persistency, and, if paid, is funded from the insurance company's overhead and is based on the brokers' overall book of business with the insurance company. Any such payments are separate from commission and, if applicable, will be included in ERISA Form 5500, Schedule A information provided by the insurance company.
- **Policy on Package Rates**. Prices quoted for employer-paid and voluntary/employee-paid benefits are offered as a package. It is possible that a portion of the cost of employer-paid insurance is borne by premiums for voluntary/employee-paid insurance. When we provide such a quote it presumes that packaged coverages are part of a single ERISA plan. Upon request, we can quote on an alternative basis.

<sup>1</sup> These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. This service is provided exclusively by ComPsych® Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law.





# Hospital Indemnity Insurance

## Exclusions and Limitations (may vary by state)

Hospital Indemnity Insurance will not cover loss caused or contributed by:

1. suicide or attempted suicide, while sane or insane;
2. intentionally self-inflicted harm, while sane or insane;
3. travel in or descent from an aircraft, if the Covered Person acted in a capacity other than as a passenger;
4. travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the Earth's atmosphere;
5. war or act of war, whether declared or undeclared;
6. active participation in a riot, insurrection, or terrorist activity;
7. a Sickness or Injury occurring during any period of time while the Covered Person is incarcerated in any type of penal or detention facility;
8. committing or attempting to commit a felony;
9. voluntary intake or use by any means of:
  - a. any drug, unless:
    - i. prescribed or administered by a Doctor and taken in accordance with the Doctor's instructions; or
    - ii. an over-the-counter drug taken in accordance with the instructions.
  - b. any poison, gas or fumes, unless a direct result of an occupational accident;
10. operating a motorized vehicle while under the influence of alcohol, such that the Covered Person's blood alcohol content meets or exceeds the legal level established for Driving Under the Influence (DUI), Driving While Impaired (DWI), or other similar laws of the jurisdiction where the Accident occurred;
11. riding or driving an air, land or water vehicle in a race;
12. in the case of an Employee, as a result of active duty as a member of the armed forces of any nation;
13. in the case of a Spouse or Dependent Child(ren), a Sickness or injury occurring while the Spouse or Dependent Children is on active duty as a member of the armed forces of any nation. We will refund, upon Written notice of such service, any Premium which has been accepted for any period not covered as a result of this exclusion;
14. participation in any semi-professional or professional athletic contest in which any compensation is received;
15. bungee jumping;
16. elective surgery, except when required for appropriate care as determined by a Doctor as a result of Injury or Sickness;
17. participation in an illegal occupation or activity;
18. rock or mountain climbing;
19. aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning, and parasailing);

## PREEXISTING CONDITION LIMITATION:

None, the selected plan design does not include a Preexisting Condition Limitation



# Hospital Indemnity Insurance

## Plan Definitions

This section highlights certain benefit descriptions/definitions in alphabetical order. *(Contact your NYL GBS representative for a sample hospital indemnity certificate for more details regarding the benefit provisions and definitions outlined in this proposal. Specific benefit provisions may vary by state.)*

### Plan Definitions

#### Health Screening Benefit

Each Covered Person who receives a covered Health Screening service is covered for an annual benefit, as determined by the option elected by the client, for completing a covered Health Screening service. The benefit is only payable once per day even if multiple Health Screenings are provided in a single day. Refer to the Hospital Indemnity Insurance Benefit Plan Summary for details.

Eligible screenings include: safety/injury prevention class; mental health screening; baseline concussion screening; abdominal aortic aneurysm ultrasonography; blood test for lipids including total cholesterol, LDL, HDL, and triglycerides; bone marrow testing, bone density screening; breast ultrasound or mammography; CA15-3 blood test for breast cancer; CA 125 blood test for ovarian cancer; carotid doppler; CEA blood test for colon cancer; chest x-ray; colonoscopy; electrocardiogram; double contrast barium enema; fasting blood glucose test; flexible sigmoidoscopy; hemoccult stool analysis; mammogram; pap smear, (including ThinPrep); PSA; serum cholesterol test to determine level of HDL and LDL; serum protein electrophoresis (blood test for myeloma); stress test; thermography; CT angiography; Testicular Ultrasound; Smoking Cessation Program; Weight Reduction Program; Cancer Genetic Mutation Test (BRCA); Skin Cancer Screening; Biopsies for Cancer; Lymphocyte Genome Sensitivity Test (LGS) (universal blood test for cancer); Routine Eye Exam; Routine Dental Exam; Hearing Screening; Well child/preventative exams age 1 to 18; Adult annual exam; Biometric Screenings; Wellness Fair; Immunizations; any other medically accepted health screening examination.

#### Portability

Employees have the ability to continue all or some of their insurance coverage when they leave employment to help prevent coverage gaps and promote employee well-being. Coverage will be ported to the plan that was in place as an active employee. Some state variations may apply.





# Hospital Indemnity Insurance

## Hospital Indemnity Insurance Rates

Monthly Premium Per Employee: Employee-Paid

Rate Guarantee: 3 Years

Coverage Type: 24-Hour

Employee	Employee+Spouse	Employee+Child(ren)	Family
\$33.61	\$68.77	\$48.46	\$83.62